

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007144

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: SARASOTA SUNCOAST ACADEMY, INC.

**Current Principal Place of Business:**

8084 HAWKINS ROAD  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

8084 HAWKINS ROAD  
SARASOTA, FL 34241

**New Mailing Address:**

FEI Number: 22-3872632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAUCOM, LARRY M PHD  
8054 HAWKINS ROAD  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAUCOM, LARRY M  
Address: 7821 SADDLE CREEK TRAIL  
City-St-Zip: SARASOTA, FL 34241

Title: T ( ) Delete  
Name: BURKS, MITCHELL  
Address: 3125 BAY ST.  
City-St-Zip: SARASOTA, FL 34237

Title: S ( ) Delete  
Name: LEE, H G  
Address: 7474 SADDLE CREEK PLACE  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY M BAUCOM

PD

01/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date